

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	08993271	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	8					
10	8					
11	4					
12	7					
13	8					
14	3					
15	4					
16	4					
17	7					
18	8					
19	8					
20	/					
21	/					
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26	/					
27	/					
28	/					
29	9					
30	9					
31	9					
32	9					
33	9					
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	176					
TOTAL CLAIMS	176					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS